



# FAMILY REGISTRATION FORM MINNESOTA CHRISTIAN CONVENTION

April 9-10, 2010, Kahler Grand Hotel and Hope Summit Christian Church  
Rochester, MN



### REGISTRATION INSTRUCTIONS - PLEASE FOLLOW CAREFULLY

- PRINT NAMES AND ADDRESSES PLAINLY.** Make checks payable to: **Minnesota Christian Convention.**
- Registration confirmation will not be sent. Pick up packet and program at the convention.
- Mail registrations to: **David Gantz, 9032 Cherokee Dr. N., Brooklyn Park, MN 55428. Phone: (763) 533-7135.**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Church \_\_\_\_\_ Attending the convention?  Yes  No

Names of all family members attending the convention. List age and grade for children through Grade 5 only. **Teens register on separate form.**

<u>Name</u>	<u>Age</u>	<u>Grade in School</u>

**REGISTRATION FEES (Pre-registration Deadline: April 2, 2010. Fees increase by \$5 if you wait to register at the Convention)** Teen and Hotel Reservation forms are available in your church office or from **David Gantz** or download from the Convention Website: [www.mnconvention.org](http://www.mnconvention.org). We are also on **Facebook: www.facebook.com** - Search for Minnesota Christian Convention; and **Twitter: http://twitter.com/MNConvention**

<u>No. of People</u>	<u>Amt.</u>
<b>ADULTS</b>	
___ Individual - \$20	_____
___ 2 adults from one household - \$35	_____
___ I wish to give an additional donation of \$10 or more for the work of the convention. In return I'll receive 1 free cd or tape of my choice at the convention.	_____
<b>TEENS</b> (Check only if their payment is included in yours.) <b>Teens must register on special teen form.</b>	
___ Registration fee - \$25 for teens (includes all activities)	_____
<b>CHILDREN</b>	
___ Ages Birth - Grade 5 - \$5 (\$15 maximum amount for children per family if you have 4 or more children.)	_____

**OPTIONAL:**  
\_\_\_ Ministry Update Session Lunch, Sat., 12:30 pm - \$10 adults; \$5 children age 12 and under \_\_\_\_\_

**TOTAL AMOUNT DUE** \_\_\_\_\_

- I have special needs to fully participate in the Convention. (Someone from the Convention Committee will contact you.)
- My child has an allergy or other medical problem. Also please let the teacher know when you register at the Convention.

In the event of an emergency, I hereby authorize first aid or medical treatment for my child(ren), and I release the Minnesota Christian Convention from all responsibilities in connection therewith.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_